IN THE UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA

In Re:	Case Number 19-02238
Michael Jay West	Chapter 13
Debtor(s)	
2449 Kendlewood Dr. Lancaster, SC 29720	
Last four digits of Social-Security or Individual Tax-Payer-Identification (ITIN) No(s)., xxx-xx-2616	

Statement Indicating Changes

Amended Schedule E/F to add creditor

Susan Miles West and Susan McCoy are the same party. Using her former married name in dealing with the government child support agency because that is how is was listed on their records. Using her current name and serving her at her attorney's office.

Susan McCoy Attorney Philip E. Wright 408 N. Main Street Lancaster, SC 29720 Case 19-02238-hb Doc 12 Filed 06/07/19 Entered 06/07/19 13:47:49 Desc Main

			Document	Page 2 of 1	3			
Fill i	n this inforr	nation to identify your	case:					
Debt	tor 1	Michael Jay West						
		First Name	Middle Name	Last Name				
Debt (Spous	tor 2 se if, filing)	First Name	Middle Name	Last Name				
Unite	ed States Ba	nkruptcy Court for the:	DISTRICT OF SOUTH CAROL	_INA				
Case	e number	19-02238						
(if know	<u> </u>	13-02230					Check if this i	s an
							amended filin	
- cc:		100=/=						
		n 106E/F		.			4.0	
Sch	redule E	/F: Creditors W	ho Have Unsecured	Claims			12	/15
left. Anname Part 1. E	ttach the Con and case nur 1: List A	ntinuation Page to this pag nber (if known). II of Your PRIORITY Un ors have priority unsecure						
ic p	dentify what ty possible, list the	pe of claim it is. If a claim ha e claims in alphabetical orde	s. If a creditor has more than one price as both priority and nonpriority amounder according to the creditor's name. If articular claim, list the other creditors in	ts, list that claim here ar you have more than two	nd show both priority a	and nonpriority	amounts. As m	nuch as
(1	For an explana	ation of each type of claim,	see the instructions for this form in the	e instruction booklet.)				
					Total claim	Priority amount	Nonpi amou	riority nt
2.1	South C		Last 4 digits of accou	nt number	\$0.00		\$0.00	\$0.00
	Child Su Departn P.O. Bo	editor's Name upport Enforcement D nent of Social Service x 1469 ia, SC 29202-1469		curred?		-		
		treet City State Zip Code	As of the date you file	, the claim is: Check a	ll that apply			
	Who incurred	d the debt? Check one.	☐ Contingent					
	Debtor 1 c	only	☐ Unliquidated					
	Debtor 2 o	only	☐ Disputed					
	Debtor 1 a	and Debtor 2 only	Type of PRIORITY uns	secured claim:				

■ Domestic support obligations

Other. Specify

Notice Only

lacksquare Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

□ At least one of the debtors and another□ Check if this claim is for a community debt

Is the claim subject to offset?

■ No □ Yes Case 19-02238-hb Doc 12 Filed 06/07/19 Entered 06/07/19 13:47:49 Desc Main Document Page 3 of 13

Michael Jay West Page 3 of 13

Case number (if known) 19-02238

Debtor	1 Michael Jay West	Case numl	oer (if known)	19-02238	
2.2	Susan McCoy	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name Attonrey Philip E. Wright	When was the debt incurred?			
	408 N. Main Street				
	Lancaster, SC 29720 Number Street City State Zip Code	As of the date you file, the claim is: Check all the	at apply		
W	ho incurred the debt? Check one.	☐ Contingent	11.7		
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
_	I At least one of the debtors and another	■ Domestic support obligations			
	Check if this claim is for a community debt	☐ Taxes and certain other debts you owe the gov	ernment		
Is	the claim subject to offset?	☐ Claims for death or personal injury while you we			
	No	☐ Other. Specify			
	l _{Yes}	Attorney for Ms. McCoy			
2.3	Susan Miles West Priority Creditor's Name	Last 4 digits of account number	\$2,700.00	\$2,700.00	\$0.00
	c/o SC Child Support Enforcement Department of Social Security P.O. Box 1469	When was the debt incurred?			
	Columbia, SC 29202 Number Street City State Zip Code	As of the date you file, the claim is: Check all the	at annly		
w	ho incurred the debt? Check one.	☐ Contingent	ат арріу		
	Debtor 1 only	☐ Unliquidated			
_	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	At least one of the debtors and another	■ Domestic support obligations			
	Check if this claim is for a community debt	☐ Taxes and certain other debts you owe the gov	ernment		
	the claim subject to offset?	☐ Claims for death or personal injury while you we			
	No	☐ Other. Specify			
] Yes	Child Support (Arrearag	e being paid fo	or through	
2.4	York County Family Court	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name	When was the debt incurred?			
	P.O. Drawer 11746 Rock Hill, SC 29731	when was the dept incurred:			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all the	at apply		
_	ho incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	At least one of the debtors and another	Domestic support obligations			
	Check if this claim is for a community debt	☐ Taxes and certain other debts you owe the gov			
	the claim subject to offset?	☐ Claims for death or personal injury while you we	ere intoxicated		
	No Yes	Other. Specify Notice Only			
		•			
Part 2:					
_	any creditors have nonpriority unsecured claim	•			
	No. You have nothing to report in this part. Submit	this form to the court with your other schedules.			
	Yes.				

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more

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than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of

Debtor 1 Michael Jay West

19-02238

Pa	art 2.		Total claim
4.1	* South Carolina Department of Revenue	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name Attn: Governmental Entity Collection Pro P.O. Box 125	When was the debt incurred?	
	Columbia, SC 29214-0219 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice Only	
4.2	*Equifax Information Services LLC	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name PO Box 740256 Atlanta, GA 30374	When was the debt incurred?	-
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Notice only	-
4.3	*Experian	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name PO Box 2002 Allen, TX 75013	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Notice only	-

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Debtor	1 Michael Jay West	Case number (if known) 19-02238	
4.4	*FHA	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 451 7th Street SW Washington, DC 20410	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice only	
4.5	*George Conits	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name U.S. Attorney General Office 55 Beattie Place, Suite 700 Greenville, SC 29601	When was the debt incurred?	· ·
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Notice only	
4.6	*Internal Revenue Service	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name Centralized Insolvency Operations P.O. Box 7346	When was the debt incurred?	
	Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes		

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Case number (if known) 19-02238

Debtor	1 Michael Jay West	Case number (if known) 19-02238	
4.7	*Lancaster County Clerk of Court Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	P.O. Box 1809 Lancaster, SC 29721	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Notice only	
	*North Carolina Department of		
	Revenue	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name Angela C. Fountain Bankruptcy	When was the debt incurred?	
	Manager		
	Collections Examination Division		
	P.O. Box 1168		
=	Raleigh, NC 27602 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The state year may are claim to contact an unit apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Notice only	
4.9	*South Carolina Attorney General	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name		
	Honorable Alan Wilson	When was the debt incurred?	-
	P.O. Box 11549 Columbia, SC 29211		
-	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Notice only	

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Debto	Michael Jay West	Case number (if known) 19-02238	
4.1	*South Carolina Department of		
0	Revenue	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name		
	P.O. Box 12265	When was the debt incurred?	
	Columbia, SC 29211 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is. Offect all that apply	
	■ Debtor 1 only	☐ Contingent	
	<u> </u>	-	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	ls the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Notice only	
	Li fes	Other. Specify Notice Only	
4.1	*Trans Union Corporation	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name		
	PO Box 2000	When was the debt incurred?	
	Crum Lynne, PA 19022 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	To or and date you may the ordinate. On oak an distrapping	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	_	·	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Notice only	
		— Other. Opeonly	
4.1			
2	*U.S. Department of Justice	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	950 Pennsylvania Avenue, NW Washington, DC 20530-0001	When was the dept incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Notice only	

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Deptor	Michael Jay West	Case number (if known) 19-02238	
4.1	*U.S. Dept. of Housing and Urban Dev.	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 451 7th street S.W.	When was the debt incurred?	V
	Washington, DC 20410 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	*IJC Attornoy For CC		¢0.00
4	*US Attorney For SC Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	1441 Main Street	When was the debt incurred?	
	Columbia, SC 29201		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice only	
4.1			
5	*US Dept of Veterans Affairs	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name P.O. Box 530269 Atlanta, GA 30353	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice only	

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Debi	or i Michael Jay West	Case number (if known) 19-02238						
4.1 6	*USDA Rural Development	Last 4 digits of account number	\$0.00					
	Nonpriority Creditor's Name Centralized Servicing Center PO Box 66827	When was the debt incurred?						
	Saint Louis, MO 63166 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts						
	Yes	Other. Specify Notice only						
4.1 7	CMC Waxhaw	Last 4 digits of account number	\$500.00					
	Nonpriority Creditor's Name 2700 Providence Rd. Waxhaw, NC 28173	When was the debt incurred?						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	Debtor 1 only	Contingent						
	Debtor 2 only	Unliquidated						
	Debtor 1 and Debtor 2 only	Disputed						
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community debt	☐ Student loans						
	Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	No	\square Debts to pension or profit-sharing plans, and other similar debts						
	Yes	Other. Specify Medical Services						
4.1	McBride Building Supplies & Hardware	Last 4 digits of account number	\$1,403.73					
8	Nonpriority Creditor's Name 557 Highway 9 Bypass E.	When was the debt incurred?	Ψ1,400.70					
	Lancaster, SC 29720 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	■ Debtor 1 only							
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community debt	☐ Student loans						
	Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes							

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Deptor	i Michael Ja	ay vvest		Case nu	mper (if known) 19-0	J2238		
4.1 9		leating & A/C Inc.	Last 4 digits of account number	er			\$231.79	
	Nonpriority Cred	od Dr.	When was the debt incurred?					
		C 29720 City State Zip Code the debt? Check one.	As of the date you file, the clai	m is: Check	all that apply			
	Debtor 1 onl		☐ Contingent					
	_							
	Debtor 2 onl	•	☐ Unliquidated					
	Debtor 1 and	•	☐ Disputed Type of NONPRIORITY unsecu	red claim:				
		of the debtors and another	☐ Student loans	irea ciaiiri.				
	debt Is the claim sul	s claim is for a community	☐ Obligations arising out of a sereport as priority claims	eparation agr	reement or divorce that you	ı did not		
	No No	bject to onset:	Debts to pension or profit-sha	aring plans a	and other similar debts			
	Yes				ind other similar debts			
4.2	Wolls Forgo	Pank					\$200.00	
0	Wells Fargo Nonpriority Cred		Last 4 digits of account number	er 			φ200.00	
	PO Box 5418 Los Angeles		When was the debt incurred?					
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			As of the date you file, the clai	m is: Check	all that apply			
			☐ Contingent					
			☐ Unliquidated					
			Disputed					
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this	s claim is for a community	☐ Student loans					
debt Is the claim subject to offset?			☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No		☐ Debts to pension or profit-sha	aring plans, a	and other similar debts			
	Yes		■ Other. Specify Negative	Checking				
Part 3:	List Others	s to Be Notified About a Debt	That You Already Listed					
is tryi have r	ng to collect fro nore than one c	m you for a debt you owe to son	out your bankruptcy, for a debt the neone else, list the original credito you listed in Parts 1 or 2, list the a submit this page.	r in Parts 1 o	or 2, then list the collection	on agency here.	Similarly, if you	
_	nd Address		on which entry in Part 1 or Part 2 did y	_	_			
	Miles West East Park Driv		ine <u>2.3</u> of (<i>Check one</i>):		Creditors with Priority Unse			
	ster, SC 2972	20	ast 4 digits of account number	☐ Part 2: 0	Creditors with Nonpriority U	nsecured Claims	3	
Part 4:	Add the Ar	nounts for Each Type of Uns	encured Claim					
		• •	ns. This information is for statistica	al reporting	purposes only. 28 U.S.C.	\$159. Add the a	mounts for each	
	f unsecured cla			, ,				
	6a.	Domestic support obligations		6a.	Total Claim \$	700.00		
	Γotal aims	Domestic Support Obligations		ou.	Ψ	,700.00		
from P		Taxes and certain other debts	-	6b.	\$	0.00		
	6c. 6d.		ijury while you were intoxicated cured claims. Write that amount here	6c. . 6d.	\$ s	0.00		
	ou.	Caron And an other priority urise	ourse man amount nere	. Ju.	Ψ	0.00		
	6e.	Total Priority. Add lines 6a throu	ıgh 6d.	6e.	\$2	,700.00		

Total Claim

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chael Ja	ay West	Case no	umber (if known)	19-02238	
6f.	Student loans	6f.	\$	0.00	
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00	
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	2,335.52	
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	2,335.52	
	6f. 6g. 6h. 6i.	 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 	6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6g. 6b. 6i.	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

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Fill in this inform					
Debtor 1	Michael Jay West	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA		
Case number	19-02238				- 0. 1.7
(**************************************					■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Did :	you pay or agree to pay someone who is NOT an attorney to	help you fill out bankruptcy forms?	
	No		
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)	
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Michael Jay West X			
S	Aichael Jay West Signature of Debtor 1 Date June 7, 2019	Signature of Debtor 2 Date	

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IN THE UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA

In Re:	Case Number 19-02238
Michael Jay West	Chapter 13
Debtor(s)	
2449 Kendlewood Dr. Lancaster, SC 29720	
Last four digits of Social-Security or Individual Tax-Payer-Identification (ITIN) No(s)., xxx-xx-2616	

Certificate of Service

I, the undersigned, under penalty of perjury, hereby certify that I have served copies of the attached document(s) by electronic notice to the Trustee and to added parties, if any, along with the Notice of Meeting of Creditors and Statement of Social Security Number by mailing a copy of the same by First Class mail, Postage Prepaid, to the following:

Susan McCoy Attorney Philip E. Wright 408 N. Main Street Lancaster, SC 29720

Trustee by electronic notice only

June 7, 2019

Date

/s/ F. Lee O'Steen

F. Lee O'Steen
P.O. Box 36534
Rock Hill, SC 29732
Phone (803) 327-5300
Fax (803) 327-5250
Lee@OsteenLawFirm.com
District court I.D. 8032